



## **PARK GROVE CEMETERY DISINTERMENT CONSENT**

I, \_\_\_\_\_, request that  
*NAME*

\_\_\_\_\_  
*NAME OF DECEASED*

Be disinterred from **space** \_\_\_\_\_, **of section** \_\_\_\_\_, **block** \_\_\_\_\_, **lot** \_\_\_\_\_ in

Park Grove Cemetery, under the direction of \_\_\_\_\_.  
*FUNERAL HOME*

My relationship to the deceased is: \_\_\_\_\_.

Acknowledgement of Disinterment costs:

**Monday –Friday, 8:00am – 3:30pm      \$2,050.00**

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Signature*